

DENTSPLY International Inc.  
Legal Department  
570 West College Avenue  
York, PA 17404  
Phone (717) 845-7511  
FAX (717) 849-4300



RECEIVED  
CENTRAL FAX CENTER

JUN 13 2006

# Fax

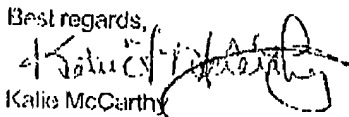
<b>To:</b>	Examiner Meaghan E. MacPherson Ait Unit 3732	<b>From:</b>	Katie McCarthy, Patent Assistant
<b>Fax:</b>	571-273-8300	<b>Pages:</b>	19
<b>Phone:</b>		<b>Date:</b>	June 13, 2006
<b>Re:</b>	Response and Amendments Patent Application 10/698,112 Atty Docket # DFD-7311	<b>CC:</b>	

Dear M. MacPherson:

Please find attached the following documents in connection with the above identified application:

- Transmittal Form (1 page)
- Petition for Extension of Time (1 page)
- Amendment ( 14 pages)
- Replacement Drawings (2 pages)

Best regards,

  
Katie McCarthy  
Patent Assistant

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS A LEGALLY PRIVILEGED AND CONFIDENTIAL COMMUNICATION. IT IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND MAIL THE ORIGINAL TO US AT THE ABOVE ADDRESS.

If any part of this transmission failed or you have any questions, please call the Legal Department at (717) 849 4625, Katie McCarthy.

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/098,112
	Filing Date	October 31, 2003
	First Named Inventor	David R. Pollock et al.
	Art Unit	3732
	Examiner Name	Meaghan E. MacPherson
Total Number of Pages in This Submission	Attorney Docket Number	DPD-7311

**RECEIVED****CENTRAL FAX CENTER****JUN 13 2006**

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 C.F.R. 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Daniel W. Sullivan, Esquire, DENTSPLY International Inc.		
Signature	<i>Daniel W. Sullivan</i>		
Printed name	Daniel W. Sullivan, Esquire		
Date	June 13, 2006	Reg. No.	34937

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Katie F. McCarthy</i>		
Typed or printed name	Katie F. McCarthy	Date	June 13, 2006

This collection of information is required by 37 C.F.R. 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 C.F.R. 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.